

Maryland Board of Occupational Therapy Practice
Spring Grove Hospital • 55 Wade Avenue • Bland Bryant Building, 4th Floor • Baltimore, MD 21228
Phone: 410-402-8560 • Fax: 410-402-8561 • www.dhmh.maryland.gov/botp
Application for License Renewal

RENEWAL DEADLINE: 5/31/2016 (POSTMARKED) GRACE PERIOD: 6/1 – 6/30/2016 (POSTMARKED) <p style="text-align: center;">VISIT</p> <p><u>HTTPS://MARYLAND.MYLICENSE.COM/ MDBOTVERIF/</u> to determine your initial licensure date. If your issue date ends in an odd year, you are renewing for an annual license. You will be eligible for a biennial license during the 2017 renewal cycle. If your issue date ends in an even year, you are renewing for a biennial license. Your expiration date will be 6/30/2018.</p>	SOCIAL SECURITY NUMBER: _____-_____-_____ I attest: (check either 1 or 2) <input type="checkbox"/> 1. My NBCOT certification is current, and I need 0 contact hours. or <input type="checkbox"/> 2. My NBCOT certification is not current, and I have completed 12 contact hours. Home Phone: (____) _____ Work Phone: (____) _____ Email address: _____										
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Fees (Make checks payable to: MD Board of OT)</td> <td style="width: 40%; text-align: right;">Total Amount Due</td> </tr> <tr> <td>Occupational Therapist (annual) \$127 Renewal + \$18 MHCC Fee...</td> <td style="text-align: right;">OT Initial Licensure year is odd: \$145 (1 yr.) or even: \$290 (2 yrs.)</td> </tr> <tr> <td>Occupational Therapy Assistant</td> <td style="text-align: right;">OTA Initial Licensure year is odd: \$100 (1 yr.) or even: \$200 (2 yrs.)</td> </tr> <tr> <td>Elective Non-Renewal Status (Inactive)</td> <td style="text-align: right;">OT/OTA Initial Licensure year is odd: \$25 (1 yr.) or even: \$50 (2 yrs.)</td> </tr> <tr> <td>Late Fee - \$25 for applications postmarked between 6/16 - 6/30.....</td> <td style="text-align: right;">\$25</td> </tr> </table>		Fees (Make checks payable to: MD Board of OT)	Total Amount Due	Occupational Therapist (annual) \$127 Renewal + \$18 MHCC Fee...	OT Initial Licensure year is odd: \$145 (1 yr.) or even: \$290 (2 yrs.)	Occupational Therapy Assistant	OTA Initial Licensure year is odd: \$100 (1 yr.) or even: \$200 (2 yrs.)	Elective Non-Renewal Status (Inactive)	OT/OTA Initial Licensure year is odd: \$25 (1 yr.) or even: \$50 (2 yrs.)	Late Fee - \$25 for applications postmarked between 6/16 - 6/30.....	\$25
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Write YES or N/A (not applicable) for the following, since your last renewal: ____ 3. During the last year, have you been addicted to drugs or alcohol? ____ 4. During the last year, has any state licensing or disciplinary board, or a comparable body in the armed services, denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation? ____ (b) During the last year, have you surrendered a license in any jurisdiction due to disciplinary proceedings? ____ 5. During the last year, are there any outstanding complaints, investigations or charges pending against you in any jurisdiction (including Maryland) by any licensing or disciplinary board or a comparable body in the armed services? ____ 6. During the last year, have you had a physical, or mental illness that currently impairs your ability to practice your profession? ____ 7. During the last year, have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment for any criminal act?	____ 8. During the last year, have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of driving while intoxicated or of a controlled dangerous substance offense? ____ 9. During the last year, has any hospital or related healthcare institution or employer denied you privileges or employment, denied any application or contract or limited, restricted, suspended, revoked, or terminated your privileges or employment contract for any reason related to your practice? ____ 10. During the last year, have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice? ____ 11. During the last year, has a malpractice suit been filed against you or has a claim for damages been settled or awarded against you? ____ 12. During the last year, have you knowingly practiced occupational therapy in the State of Maryland or any other jurisdiction without an active license? If YES is answered to any question, attach a detailed explanation for each question answered yes and include a certified copy of court records, if applicable.										
Health Occupations Article §1-202 requires that you verify that you are complying with the Worker's Compensation Law for your renewal to be issued. Please check one. I hereby certify: (a) <input type="checkbox"/> I practice in Maryland, and employ one or more persons in my practice and will maintain Workmen's Compensation coverage continuously throughout the license renewal period. IF YES to (a), complete insurance information below. Insurance Company: _____ Policy Number: _____ Expiration Date: _____ OR (b) <input type="checkbox"/> I practice in Maryland, but I do not employ anyone in my practice, OR (c) <input type="checkbox"/> I do not practice in Maryland.											
<p style="text-align: center;">Notice for Mailing List</p> <p>The information collected on the license application form and the license renewal forms is collected for the purposes of the Board's functions under the Maryland Health Occupations Code Annotated, Title 10. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.</p>											
Area of Practice/Specialty: Please check one: 1. <input type="checkbox"/> Mental Health 2. <input type="checkbox"/> Productive Aging 3. <input type="checkbox"/> Children and Youth 4. <input type="checkbox"/> Work and Industry 5. <input type="checkbox"/> Rehab, Disability & Participation 6. <input type="checkbox"/> Other 7. <input type="checkbox"/> None	Race/Ethnicity: Voluntarily please check <u>all</u> that apply: 1. <input type="checkbox"/> American Indian or Alaska Native 2. <input type="checkbox"/> Asian 3. <input type="checkbox"/> Black or African American 4. <input type="checkbox"/> Hispanic or Latino 5. <input type="checkbox"/> Native Hawaiian or other Pacific Islander 6. <input type="checkbox"/> White										
Complete IF Name Changed. Include Copy Of Legal Document. Last Name & Generational Indicator (Jr., III, Etc.): _____ First Name & Middle Name/Initial: _____ Complete If Address Changed. Address: _____ City: _____ State: _____ Zip Code: _____	Practice of occupational therapy without an active license is a violation of the Occupational Therapy Practice Act. I affirm that the content of this document is true and correct to the best of my knowledge and belief. Signature: _____ Date: _____ License Number: _____ L:\OTForms_New\2016_10.46.01.02_renewal_app.doc Rev 04/13/2016										